MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

NOV 21 1934

Do not use this space.

30039

1. PLACE OF DEATH
County: Macon — Registration District No. 533 — File No.
Township: Hudson — Primary Registration District No. 5713 — Registered No. 119
City — (No. — St. — Ward)

2. FULL NAME: Kate Brown

(a) Residence, No. — St., — Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): W —

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 9 - 1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
	75	8	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

FATHER
13. NAME: Henry Mathews
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

MOTHER
15. MAIDEN NAME: Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

17. INFORMANT: Pete Meller
(ADDRESS): Macon Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Ewing Cem — DATE: Aug 24 1934

19. UNDERTAKER: Albert Skinner
(ADDRESS): Macon Mo

20. FILED: Aug 15 1934 — [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 23 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 17 1934, to Aug 23 1934

I last saw her alive on Aug 22 1934 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

Fracture of Skull
ē Contusion of brain

Date of onset: Aug. 17, 1934.

Other contributory causes of importance:
None

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) T F Turner, M. D.
(Address) Macon Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County Macon — Registration District No. 533
Township ..... — Primary Registration District No. 5713
City ..... (No. ....., ... St. ..... Ward)

File No. .....
Registered No. 119

2. FULL NAME Kate Brown

(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F	W	W

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	75	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY)

FATHER

13. NAME .....

14. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY)

17. INFORMANT ..... (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE ....., 19....

19. UNDERTAKER ..... (ADDRESS)

20. FILED ....., 19.... Rene Cross
Registrar.

SUPPLEMENTARY

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of skull & Concussion of brain	
Other contributory causes of importance: result of fall.	1 hr

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury Aug, 1934

Where did injury occur? Macon Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. home

Manner of injury Fracture of skull

Nature of injury from fall

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ....., M. D.

(Address) .....

S-30039